



B/IFW

2626

PTO/SB/21 (09-04)

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

09/549,967

Filing Date

April 14, 2000

First Named Inventor

Cullen, John F.

Art Unit

2626

Examiner Name

Scott A. Rogers

Attorney Docket Number

015358-003820US

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/ Incomplete Application

☐

Reply to Missing Parts under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a Provisional Application

☐

Power of Attorney, Revocation Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board of Appeals and Interferences

☐

Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify below):

Supplemental Application Data Sheet, Return Postcard

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Townsend and Townsend and Crew LLP

Signature

S.B. Kotwal

Printed name

Sujit B. Kotwal

Date

November 9, 2005

Reg. No.

43,336

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Krista K. Merrimac

Typed or printed name

Krista K. Merrimac

Date

November 9, 2005



Application Data Sheet

Application Information

Application number:: ~~09/549,967~~ 09549967

Filing Date:: 04/14/00

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: SYSTEM FOR ALIGNING DOCUMENT IMAGES
WHEN SCANNED IN DUPLEX MODE

Attorney Docket Number:: 15358-003820

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 7

Total Drawing Sheets:: 9

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Middle Name:: F.
Family Name:: Cullen
Name Suffix::
City of Residence:: San Francisco
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 24 Julius Street
City of Mailing Address:: San Francisco
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94133

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mark
Middle Name::
Family Name:: Peairs
Name Suffix::
City of Residence:: Menlo Park
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 897 Woodland Avenue
City of Mailing Address:: Menlo Park
State or Province of mailing address:: CA

Country of mailing address:: US
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jonathan
Middle Name:: J.
Family Name:: Hull
Name Suffix::
City of Residence:: San Carlos
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 751 Laurel Street PMB 434
City of Mailing Address:: San Carlos
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94070

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	08/852,489	05/07/97



Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Ricoh Company, Ltd.
Street of mailing address:: 15-5 Minami Aoyama 1-Chome, Minato-Ku
City of mailing address:: Tokyo
State or Province of mailing address::
Country of mailing address:: Japan
Postal or Zip Code of mailing address:: 107-8544

Assignee Name:: ~~Ricoh Innovations, Inc.~~ Ricoh Corporation
Street of mailing address:: 2882 Sand Hill Road, Suite 115
City of mailing address:: Menlo Park
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94025